

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-370)

SERIAL NO. **107088110**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD PLYOB		DLYOB		APTOR	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		1		1		
6	1		1			
7		1		1		
8						
9		1		1		
10		1		1		
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12		3		1		
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TOTAL IND.		2				
TOTAL DEP.		7				
TOTAL CLAIMS		9				

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3331

Barbara Campbell  
National Stage Processing  
(703) 305-3331

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Patent and Trademark Office